

In re PIERCE, JUDITH M. / Debtor Case No. _____ (if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedules. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

| Creditor's Name and Mailing Address including Zip Code | Codebtor H-Husband W-Wife J-Joint C-Community | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | Contingent | Unliquidated | Disputed | Amount of Claim |
|--|---|--|------------|--------------|----------|-----------------------|
| Account No: 5396429125652679 Creditor # : 1 AT & T Universal Card PO Box 8029 South Hackensack NJ 07606-8029 | | 5/01 Credit Card | | | | \$ 12,700.00 |
| Account No: Representing: AT & T Universal Card | | AT & T Universal Card Atten Recovery Dept PO Box 44195 Jacksonville FL 32231-4195 | | | | |
| Account No: 373028922063003 Creditor # : 2 American Express PO Box 0001 Los Angeles CA 90096-0001 | | 5/01 Credit Card | | | | \$ 5,000.00 |
| Account No: 3727-65642161002 Creditor # : 3 American Express 16 General Warren Blvd Malvern PA 19355 | | 1/01 Credit Card | | | | \$ 7.00 |
| Account No: 371511529432004 Creditor # : 4 American Express Blue Card PO Box 0001 Los Angeles CA 90096-0001 | | 5/01 Credit Card | | | | \$ 25,000.00 |
| 3 continuation sheets attached | | | | | | Subtotal \$ 42,707.00 |
| (Total of this page) | | | | | | Total \$ |
| (Report total also on Summary of Schedules) | | | | | | |

In re PIERCE, JUDITH M. / Debtor Case No. _____ (if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name and Mailing Address including Zip Code | C o d e b t o r | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | C o n t i n g e n t | U n l i q u i d a t e d | D i s p u t e d | Amount of Claim |
|--|---|--|--|--|--------------------------------------|-----------------|
| | | | | | | |
| Account No: 372266485161001 Creditor # : 5 American Express Corp Optima PO Box 0001 Los Angeles CA 90096-0001 | H--Husband W--Wife J--Joint C--Community | 5/01 Credit Card | | | | \$ 22,000.00 |
| Account No: 402411600426909013 Creditor # : 6 Bank of America PO Box 53132 Phoenix AZ 85072-3132 | | 5/01 Credit Card | | | | \$ 7,500.00 |
| Account No: Representing: Bank of America | | Bank of America Atten Bankruptcy Depart PO Box 26388 Richmond VA 23260 | | | | |
| Account No: 129987040 Creditor # : 7 Barbie Collectibles by Mail Payment Processing PO Box 628218 Middleton WI 53562-8218 | | 12/00 Goods | | | | \$ 435.00 |
| Account No: 5291151911321659 Creditor # : 8 Capital One Service PO Box 26074 Richmond VA 23200 | | 701 Credit Card | | | | \$ 543.00 |
| Account No: 5543076840095304 Creditor # : 9 Chase USA Card Holder PO Box 52050 Phoenix AZ 85072-2050 | | 5/01 Credit Card | | | | \$ 20,000.00 |
| Account No: 5424180440199146 Creditor # : 10 Citibank PO Box 6000 The Lakes NV 89163-6000 | | 5/01 Credit Card | | | | \$ 5,000.00 |

Sheet No. 1 of 3 continuation sheets attached to Schedule of
 Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

(Total of this page)

Total \$

(Report total also on Summary of Schedules)

55,478.00

In re PIERCE, JUDITH M.

/ Debtor

Case No. _____
(if known)**SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| Creditor's Name and Mailing Address including Zip Code | C o d e b t o r | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. H-Husband W-Wife J-Joint C-Community | C o n t i n g e n t | U n l i q u i t a t e d | D i s p u t e d | Amount of Claim |
|---|--------------------------------------|---|--|--|--------------------------------------|-----------------|
| Account No: Representing: Citibank | | Citibank Atten Bankruptcy Dept PO Box 20507 Kansas City MO 64195-0507 | | | | |
| Account No: 4128003638256955 Creditor # : 11 Citibank PO Box 6000 The Lakes NV 89163-6000 | | 4/01 Credit Card | | | | \$ 20,000.00 |
| Account No: Representing: Citibank | | Citibank Atten Bankruptcy Dept PO Box 20507 Kansas City MO 64195-0507 | | | | |
| Account No: 6011000600110559 Creditor # : 12 Discover Credit Card Service PO Box 30395 Salt Lake City UT 84130-0395 | | 5/01 Credit Card | | | | \$ 25,000.00 |
| Account No: Representing: Discover Credit Card Service | | Discover Financial Services In PO Box 8003 Hillard OH 43206-8003 | | | | |
| Account No: 4417110510903178 Creditor # : 13 First USA Bank, NA PO Box 50882 Henderson NV 89016-0882 | | 5/01 Credit Card | | | | \$ 32,500.00 |
| Account No: Representing: First USA Bank, NA | | First USA Bank NA Atten Bankruptcy Support PO Box 149265 Austin TX 78714-9265 | | | | |

Sheet No. 2 of 3 continuation sheets attached to Schedule of

Creditors Holding Unsecured Nonpriority Claims

Subtotal \$

(Total of this page)

Total \$

(Report total also on Summary of Schedules)

77,500.00

In re PIERCE, JUDITH M. / Debtor Case No. _____ (if known)

SCHEDULE F-CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| Creditor's Name and Mailing Address including Zip Code | C o d e b t o r | Date Claim was Incurred, and Consideration for Claim. If Claim is Subject to Setoff, so State. | C o n t i n g e n t | U n l i q u i d a t e d | D i s p u t e d | Amount of Claim |
|---|--------------------------------------|--|--|--|--------------------------------------|-----------------|
| | | | | | | |
| Account No: <u>CON604/060131-7/108</u> Creditor # : 14 George Hubert MD c/o Grant & Weber PO Box 8669 Calabasas CA 91372-8669 | | 2/01 Medical Bills | | | | \$ 51.00 |
| Account No: <u>CON601-060102-3/036</u> Creditor # : 15 Los Robles Radiology c/o Grant & Weber PO Box 8669 Calabasas CA 91372-8669 | | 2/01 Medical Bills | | | | \$ 363.00 |
| Account No: <u>7267104</u> Creditor # : 16 Verizon PO Box 5321 Inglewood CA 90313-5321 | | 1/01 Services | | | | \$ 500.00 |
| Account No: <u>5412-8424-1070-4429</u> Creditor # : 17 Wachovia Bank PO box 15256 Wilmington DE 19886 | | 4/01 Credit Card | | | | \$ 7,500.00 |
| Account No: <u>3743063484</u> Creditor # : 18 Washington Mutual Bank Westlake Village Financial Ctr 248 Hampshire Rd Westlake Village CA 91361 | | 7/01 Over draft | | | | \$ 1,000.00 |
| Account No: | | | | | | |
| Account No: | | | | | | |

Sheet No. 3 of 3 continuation sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

| | |
|---|-------------------|
| Subtotal \$ | 9,414.00 |
| (Total of this page) | |
| Total \$ | 185,099.00 |
| (Report total also on Summary of Schedules) | |